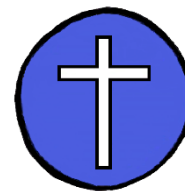


Emmanuel Academies’ 5-Year Pastoral Leadership Degree Program



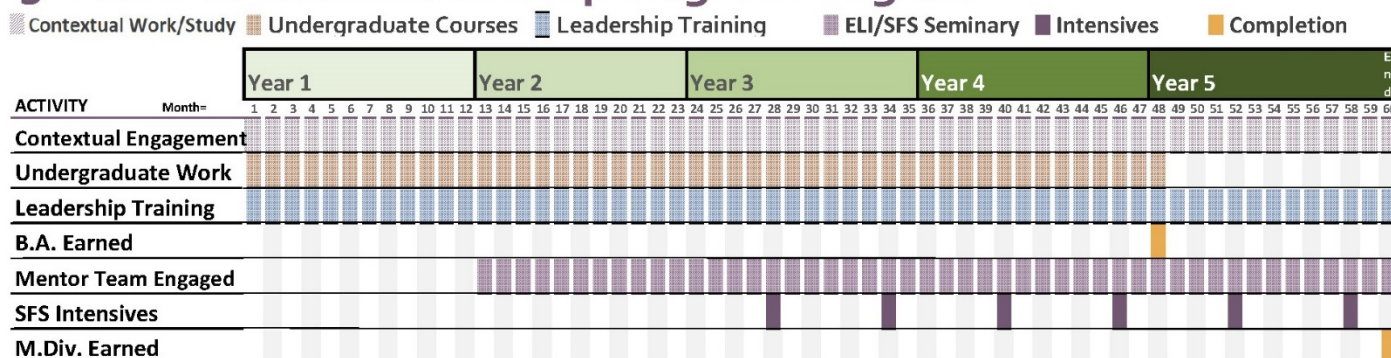
STUDENT SCHOLARSHIP APPLICATION

FOR 2019/2020 SCHOOL YEAR

Our Program will prepare you to be an ordained pastor and equip you to successfully lead congregations. Over the course of five short years, you will complete both a Bachelor’s Degree in Organizational Management at Concordia University Chicago (“CUC”) and a Master of Divinity from Sioux Falls Seminary.

Our scholarship will be for 1/3rd of the tuition for CUC, and we will work with you to attain additional funding, loans, grants, etc. from various sources. It is expected that the student and/or the student’s family contribute approx. \$300 per month to the cost of their education plus assuming \$200 of student debt per month. Students completing our program over five years are projected to have less than \$12,500 of student debt upon graduation after grants, scholarship and other financial support.

5 Year Pastoral Leadership Degree Program



Please complete the application and send to Emmanuel Academies at D.Lapp@EmmanuelAcademies.org.

Please call Deirdre Lapp at (508) 622-5533 or (508) 6-CALLED if you have any questions about this application.

SCHOLARSHIP APPLICATION

SECTION A: Student Identification Information (ALL INFORMATION MUST BE FILLED OUT)

Student Name: _____ Student School ID #: _____

School (HS or College Where Currently Enrolled): _____

Social Security #: _____

GPA: _____ Date of Birth: _____ Age: _____ ☐ Male ☐ Female

Mailing Address: _____
(street, apt #, city, zip)

Home Phone #: _____ Student Cell #: _____ Parent Cell #: _____

Student E-mail: _____ Parent E-mail: _____

Student Race: ☐ Asian ☐ Pacific Islander/Hawaiian ☐ Black/African-American
☐ Caucasian ☐ American Indian/Native American ☐ Multiracial
☐ Other _____

Student Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Is student a U.S. Citizen? ☐ Yes ☐ No **(Proof of legal residency/citizenship is required.)**

Does student have a Florida Prepaid Plan? ☐ Yes ☐ No

SECTION B: Household Information

Mother's Name (First and Last Name): _____

Mother's Date of Birth: _____ Last Grade Completed in School: _____

Father's Name (First and Last Name): _____

Father's Date of Birth: _____ Last Grade Completed in School: _____

Applicant lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Stepmother
☐ Stepfather ☐ Grandmother ☐ Grandfather ☐ Guardian
☐ Ward of Court ☐ Other _____

Number of brothers: _____ Number of sisters: _____

Language(s) Spoken at Home: ☐ English ☐ Spanish ☐ Creole ☐ Other _____Please list all persons **living in the home** other than student/applicant:

Name	Age	Relationship	Currently Attending School?	Highest Level of Education
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Independent **siblings living outside the home**:

Name	Age	Relationship	Currently Attending School?	Highest Level of Education
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION C: Employment Information

Parent/Guardian's Current Employer

Name of Parent/Guardian: _____ Gross Monthly Income: \$ _____

Employer: _____ Work Phone: _____

Occupation: _____ Number of Years with Current Employer: _____

Work Address: _____ City: _____ ST: _____ Zip: _____

Parent/Guardian's Current Employer

Name of Parent/Guardian: _____ Gross Monthly Income: \$ _____

Employer: _____ Work Phone: _____

Occupation: _____ Number of Years with Current Employer: _____

Work Address: _____ City: _____ ST: _____ Zip: _____

SECTION D: Household Financial Information

HOUSEHOLD INCOME VERIFICATION IS REQUIRED. Include your job(s), child support payments, and any other income, please list ALL monthly income sources. ** Please attach a copy of most recent tax return form 1040 (or other proof of income eligibility if taxes were not filed) and a copy of pay stubs for the most recent month worked.

\$ _____	Source of Income:	JOB
\$ _____	Source of Income:	CHILD SUPPORT INCOME (if applicable)
\$ _____	Source of Income:	SOCIAL SECURITY INCOME (if applicable)
\$ _____	Source of Income:	_____
\$ _____	Source of Income:	_____
\$ _____	TOTAL MONTHLY INCOME	

Please check the services you currently receive: ☐ Welfare ☐ Food Stamps ☐ MedicaidDo you or the student/applicant have a savings account? ☐ Yes ☐ No Balance: \$ _____

How long at current address? _____

Do you own your own home? ☐ Yes ☐ No Monthly Payment \$ _____Do you rent your home? ☐ Yes ☐ No Monthly Payment \$ _____Do you live with someone without paying rent? ☐ Yes ☐ No

If yes, what is the relationship to this person _____ How long have you lived here? _____

SECTION E: Student Information (to be completed by student)

Organizations Involved:

☐ Boys and Girls Club

☐ Big Brothers/Big Sisters

☐ Church: _____

☐ School Clubs: _____

☐ Other: _____

What is your favorite subject in school? _____

Why? _____

List activities, hobbies or awards you have received (church, school, community, work experience, etc.)

Describe your personality. _____

Tell us at least one thing about yourself that you would consider a strength in leading a future congregation.

Please add any additional information that you would like to share with us and why you feel you are eligible for this scholarship. _____

SECTION F: Parent/Guardian Statement (To be completed by parent(s)/guardian(s))

Apart from financial considerations, how could this program benefit your child? Please include your goals and hopes for your child's future (attach another sheet if needed)._____

Please list all special family situations that might be relevant to school success (serious illness in the family, loss of employment, divorce, conflict in the household, homelessness, etc.)._____

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Single Parent Household | <input type="checkbox"/> Parent was teen parent |
| <input type="checkbox"/> Deceased Parent | <input type="checkbox"/> Family has received TANF benefits within last year |
| <input type="checkbox"/> Incarcerated Parent | <input type="checkbox"/> Student will be first in family to attend college |
| <input type="checkbox"/> Absent Parent (no contact or support) | <input type="checkbox"/> English not spoken in student's home |
| <input type="checkbox"/> Poor relations between biological parents | <input type="checkbox"/> Migrant worker |
| <input type="checkbox"/> DCF involvement | <input type="checkbox"/> Parental loss of employment within last year |
| <input type="checkbox"/> First generation college graduate | <input type="checkbox"/> Family is homeless or living with extended family |
| <input type="checkbox"/> Extended family in home | <input type="checkbox"/> Home in foreclosure |
| <input type="checkbox"/> Parents did not graduate from high school | <input type="checkbox"/> Serious illness in household |
| <input type="checkbox"/> More than two siblings | <input type="checkbox"/> Disabled student or family member |
| <input type="checkbox"/> Student applicant is teen parent | <input type="checkbox"/> Student is or has been in foster care |

I understand that the information contained in this application is accurate and will be shared with the Emmanuel Academies selection committee and the implementers of the program. I also certify that my child meets the program income requirements. I understand that any false information in this application may result in my child losing his or her eligibility in the program.

Student Signature

Date

Parent/Guardian Signature

Date

For Official Use only:

- ☐ Application reviewed by EA staff
☐ Income eligibility confirmed by EA staff

☐ Eligible

☐ Not eligible

Staff Signature

Staff Title

Date

Emmanuel Academies'

5-Year Pastoral Leadership Degree Program

Applicant Reference Form



To be Completed by School Personnel

This form is to be completed by a counselor, advisor, teacher, or principal who knew you well in the previous school year.

You have been asked to provide information in support of this student for the Emmanuel Academies 5-Year Program Scholarship. Please complete and return to applicant in a sealed envelope.

This reference form is an integral part of this student's application. Please take care to complete it thoroughly and include any relevant information that may impact the award of this scholarship.

The applicant's achievement reflect his/her ability	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is sincerely motivated to succeed scholastically.	<input type="checkbox"/> Extremely	<input type="checkbox"/> Sufficiently	<input type="checkbox"/> Moderately	<input type="checkbox"/> Fairly
The applicant demonstrates good problem-solving skills, follows through, and completes tasks.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments: _____

Reference Signature

Name Printed

Date

Position

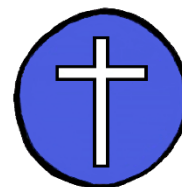
School Name

Phone Number

Emmanuel Academies'

5-Year Pastoral Leadership Degree Program

Consent for Release of Information



I, the undersigned parent or legal guardian of _____ (name of minor child), hereby represent and warrant that I am of legal age and have all necessary legal capacity to contract for and on behalf of my child and hereby authorize Emmanuel Academies, Inc., and its designees, including, without limitation, volunteers, teachers, and mentors (collectively, "Designees"), to have access to the scholastic records of the minor child named above. This information includes, but is not limited to: current and past grades, test scores, disciplinary history, extracurricular activities, and psychological test reports of the minor.

I hereby release, discharge, and agree to hold harmless Emmanuel Academies and its Designees from any liability related to any use whatsoever of said information contained in the scholastic records. I understand that this release is valid for the length of time that my child remains in the Emmanuel Academies 5-Year Scholarship Program and is irrevocable with respect to the information provided.

Date

Name of Student

Parent or Legal Guardian's Signature

Address

Phone

Email